

**Note: This is a sample
template, it is not
an OMB approved
form.**

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Steelville Telephone Exchange, Inc

Service Provider Name

Steelville Telephone Exchange, Inc

Company Address, City, State, Zip

61 E Hwy 8
P O Box 370
Steelville, MO 65565

Service Provider Type

Wireless

x Wireline

Name(s) of Wireless License Holder(s)

n/a

Contact Name

Jeanie L. Miles

Contact Tel #

573-775-2111

Fax #

573-775-5910

E-mail Address

jlmiles@misn.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Portions of Crawford, Washington, Dent & Iron counties in Missouri, specifically these with our service territory phone numbers.
573-244, 573-743, 573-775 & 573-786.

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Crawford County E911 Office (PSAP)
61 E Hwy 8
P O Box 1313
Steelville, MO 65565

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

All subscribers of our service territory do reach the Crawford County E911 office when they dial "911". This office then routes the calls to the appropriate response point.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Was completed in 1997.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

N/A

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

N/A

Section 4

Certification - To be signed by an authorized representative of the reporting entity

XXX I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report a the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report an the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature

Printed name of authorized representative Donald R. Santhuff

Title General Manager

Date March 11, 2002

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.

